

## Winklebury Federation

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## Tuesday 16th April

Dear Parents,

We have arranged for the Year 1 classes to visit Alice Holt on Tuesday 14<sup>th</sup> May. In science we are looking at habitats and this will give the children the opportunity to see a variety of minibeasts in their homes. The children will take part in The Habitat Trail which features amazing wooden play sculptures. We will also take part in the Gruffalo Trail.

In order to cover the cost of the trip we are asking for a contribution of £12.10 per child to pay for the coach. Whilst your contributions are voluntary, please be aware we have to rely on them to offer activities such as this for the children. If insufficient contributions are received we may not be able to continue with our arrangements. Payment can be made online via Arbor or cash via the Admin Office.

On the day of the trip, all children can be provided with a packed lunch prepared by the school kitchen as part of the universal free school meal scheme. The packed lunch will include a cheese sandwich or roll, a biscuit or cake, water, fruit or vegetable sticks. Please indicate on the form, whether your child will need a school packed lunch so we can inform the kitchen of the number required in advance. If you choose not to have a school packed lunch, your child will need to bring his/her own packed lunch in a disposable bag that can be thrown away (no lunchboxes or plastic containers please). Please do not send any glass bottles or containers, sweets or products that contain nuts.

Please send your child in their school uniform so they can be easily identified as part of our group. Also the children are recommended to wear trousers to cover their legs in the long grass. Please also ensure your child has a waterproof coat with a hood, a sun hat and sensible walking shoes. If the weather is nice, please apply suncream to your child before the trip. If your child requires travel sickness medication please can you administer this before school. The trip will be during schools hours so we will aim to be back for the normal pick-up time of 3pm.

Please complete the form by Friday 26<sup>th</sup> April to give consent for your child to join in this trip.

Yours sincerely,

Mrs Biggs & Miss Davis Year 1

## FEDERATION OF WINKLEBURY INFANT AND JUNIOR SCHOOLS

## **Educational visit information and consent form**

Please complete all the information below

Activity: Year 1 visit to Alice Holt			
Date: Tuesday 14th May 2024			
Personal details			
Child's name		Class	
Date of birth Age		Male / Female	
Address			
Name of next of kin			
Next of kin address during the activity (if differ	rent from ab	ove)	
		Post code	
Contact number: Home W	ork	Mobile	
Additional contact details for the day of the acti			
reductional contact dotains for the day of the deta	-		
Name and address of child's doctor			
Telephone number of doctor	. NHS numb	per if known	
Parental consent			
I confirm that I have parental responsibility for			
He/she is in good health, and I consider him/her I acknowledge I can view him/her taking part in the activity.			
In the event of illness or accident, I consent anaesthetics.	t to any neo	cessary medical treatment, which might inclu	ide the use of
Signed			
Please print name			
Address		Post code	
Medical information			
Has your child had any of the following?			
Asthma or bronchitis Any other allergies e.g., food, materials Other illness or disability Travel sickness	Yes No Yes No Yes No Yes No	Allergies to any known medication/ animals Fits, fainting or blackouts Severe headaches Diabetes	s Yes No Yes No Yes No Yes No

Regular medication	Yes No	Heart condition	Yes No
If the answer to any of these questions is	Yes, please give de	etails	
If it is considered necessary, do you agree Yes / No	e to mild painkillers	s (e.g., Paracetamol) and/or	sting cream being administered?
Has your child received vaccination again	nst tetanus? <b>Yes / N</b>	To .	
Is your child receiving medical or surgical	ıl treatment of any !	kind from either their family	doctor or hospital? Yes/No
Has your child been given specific medic	al advice to follow	in emergencies? Yes/No	
If the answer to either of the last two que medication	-	_	
In the event of any illness or medical trea undertake to inform my child's class teac		er the return of this form an	d prior to the activity, I
Signed		(person with par	rental responsibility)
Please print name here		Date	
Consent for taking images			
During our visit we may take pictures of understand that if my child is easily ident goes beyond the school boundary.	-		
In the event of any images on my child be	eing taken, I conser	nt to them being used for ed	ucational purposes Yes / No
Signed		(person with par	ental responsibility)
Please print name here		Date	
<b>Voluntary contribution</b>			
Delete as appropriate:			
☐ I have enclosed a voluntary contribut	ion of £12.10 cash	for the trip to Alice Holt	
☐ I have paid £12.10 online via Arbor			
Signed	parent of	ir	nClass
School packed lunch			
☐ I wish to order a cheese sandwich sch	ool packed lunch fo	or the trip to Alice Holt	
☐ I will provide a packed lunch from ho	ome		
Signedpa	arent of	in	Class